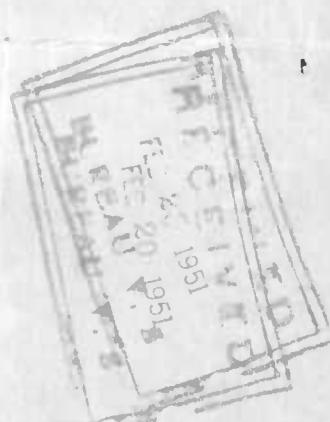


(4642 Walther Blvd.)
Information secured from stepson by phone - 3-8-51. ams (name of step-son
secured from the House In Pines)

above transferred to front: LL 3-9-51



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1866

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown LENGTH OF STAY (in this place) TOWN 56 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 W. Franklin St.		STREET ADDRESS 420 W. Franklin Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Ida	(Middle)	(Last) Bailey
4. DATE OF DEATH Feb. 26, 1951	(Month)	(Day)	(Year)
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH April 10, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE last birthday 84 yrs.	If under 1 year Months Days Hours Min.
13. FATHER'S NAME James W. McCurdy	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Edna Miller Hagerstown, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

4221

Immediate cause (a) Cardio. Vasculär Disease

5 yrs

93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) Arthritis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from See 1-1950, to 2-16, 1951, that I last saw the deceased

alive on 2-24-51, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1951	Rose Hill Cemetery	Hagerstown, Maryland
DATE REC'D BY LOCAL REG'Y	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1863

1. PLACE OF DEATH CITY COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown LENGTH OF STAY (in this place) 9 days			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown ---Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.			STREET ADDRESS (If rural, give location) Near Kemps Mill		

3. NAME OF DECEASED (Type or Print)	(First) Oliver	(Middle) Lewis F.	(Last) Bartlett	4. DATE OF DEATH Feb. 2,	(Month) (Day) (Year) 1951
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5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH April 1878	9. AGE last birthday 72 yrs.	If under 1 year Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY City	11. BIRTHPLACE (State or foreign country) District of Columbia	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	---	--------------------------------------

13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME unknwn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 220-09-9178	17. INFORMANT AND ADDRESS Mrs. Helen Sigler Route 2, Hgst.
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18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH 8 Days
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334x Immediate cause (a) Cerebral Apoplexy	
Antecedent cause(s) 83b Diseases or conditions, if any, giving rise to the above cause (b) stating the underlying cause last	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/26/51, 19....., to 2/2/51, 19....., that I last saw the deceased alive on 2/2/51, 19....., and that death occurred at 3 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED
--

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 5, 1951	NAME OF CEMETERY OR CREMATORIAL Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown, Maryland
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DATE REC'D BY LOCAL REG. Feb. 5, 1951	REGISTRAR'S SIGNATURE Pearl Flowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.
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110
Evidence for change
in #9 shown on:
The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1869

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH. COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Pennsylvania	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Big Spring		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greencastle	
LENGTH OF STAY (In this place). 2 Mo.		STREET ADDRESS (If rural, give location) Greencastle, Pa. R D	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Big Spring, Md. R D			
3. NAME OF DECEASED (First) Bessie May (Type or Print)		(Middle) Bingaman (Last)	
4. DATE OF DEATH Feby. 14, 1951		(Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH Jan. 3 1879	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Greencastle, Pa.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME ----- Hurshburger		14. MOTHER'S MAIDEN NAME Laura Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Lyman Tosten- Big Spring, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
443x Immediate cause 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(a) Atherosclerotic Hypertensive heart disease (b) None (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 30, 1950, to Feb. 14, 1951, that I last saw the deceased alive on Feb. 14, 1951, and that death occurred at 10:45 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <i>Reuben Robert Cohen</i> M D Clear Spring, Maryland 2-15-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb. 17-51	
		NAME OF CEMETERY OR CREMATORIAL Broadfording Cemetery	
		LOCATION (City, town, or county) Near Gearfoss, Md. (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Joseph W. Murray	
		24. FUNERAL DIRECTOR ADDRESS A. E. Minnich- Greencastle, Pa.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

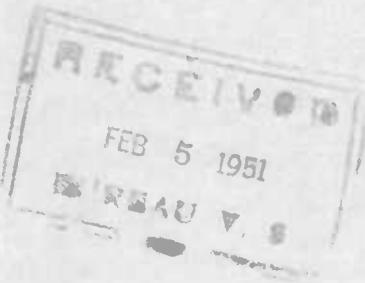
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE	
Washington MARYLAND		Maryland Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
TOWN Hagerstown	1 hr. 2	Halfway Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
Washington County Hospital			23 East Lincoln Ave.
3. NAME OF DECEASED (Type or Print)	(First) Ray	(Middle) McClellan	(Last) Bowman
4. DATE OF DEATH	(Month) Feb.	(Day) 1	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
Male	White	MARRIED	April 13 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months 9 Days 18 Hours 18 Min.
Charge of Maintenance		Western Dept. Union	58 yrs.
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Samuel Bowman		Smithburg Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
No		Mrs. Eva Bowman Ave. Hagerstown Md	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
214-09-3783		23 East Lincoln Hagerstown Md	
18. MEDICAL CERTIFICATION			
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>331x Immediate cause (a) Cerebral Hemorrhage</p> <p>83a Antecedent cause(s) (b) Arteriosclerosis</p> <p>83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
	INJURY	(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/1/51, 19....., to 2/1/51, 19....., that I last saw the deceased alive on 2/1/51, 19....., and that death occurred at 6 P.m., from the causes and on the date stated above.			
SIGNATURE	(Degree or title) ADDRESS DATE SIGNED		
Robert V. Campbell MD Hagerstown Md 2/2/51			
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	Feb. 4 1951 West Haven Cemetery	Hagerstown	Maryland
DATE REC'D BY LOCAL REC.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Feb. 2, 1951	Shastowers	Albert L. Leaf Williamsport Md.	



MARGIN RESERVED FOR BINDING

Evidence for addition
if #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FDN. G 131 MAR 1 1951

FOR MEDICAL EXAMINERS

1871

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown LENGTH OF STAY 5 (In this place)			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Clear Spring, Md.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital			STREET ADDRESS Route 40 W (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Preston	(Last) Bridendolph	4. DATE OF DEATH	(Month) Feb. (Day) 9, (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify Single)	8. DATE OF BIRTH Nov. 27, 1947	9. AGE last birthday 3 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Samuel P. Bridendolph			14. MOTHER'S MAIDEN NAME Doris Irene Kimmel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Samuel P. Bridendolph		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

entire

INTERVAL BETWEEN
ONSET AND DEATH

916.0 Immediate cause

(a)

2nd & 3rd degree burns to body and

180 Antecedent cause(s)

extremities

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF INJURY PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

CAUSE OF DEATH Home Near Clear Spring Wash. Md.

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?

OF Feb. 9 51 While at Not while work at work XXXX House caught fire probably from over-heated stove (5/1/51 a/c)22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac St. DATE SIGNED

WASH. CO., MD. Hagerstown, Md. 2/10/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial Feb. 12-51 St. Paul's Cemetery Rural-Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

Feb. 12-51 Gaston Powers Adrian H. Rowland Clear Spring, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1872

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON		
CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town HAGERSTOWN			LENGTH OF STAY (in this place)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN RT. #1 STREET ADDRESS MEDWAY RD. (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) RICHARD	(Middle) LEE	(Last) BURGAN	4. DATE OF DEATH	(Month) FEBRUARY (Day) 13 (Year) 51
5. SEX	MALE	6. COLOR OR RACE	WHITE	7. SINGLED, MARRIED, WIDOWED, DIVORCED (Specify)	SINGLE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			9. AGE last birthday	If under 1 year Months Days Hours yrs. Months Days Hours Mio.
11a. FATHER'S NAME ELMER L. BURGAN	14. MOTHER'S MAIDEN NAME ANNA E. NALLS			11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, N/A unknown) NO	16. SOCIAL SECURITY NO. NONE			17. INFORMANT AND ADDRESS MR. ELMER L. BURGAN HAGERSTOWN RT. 1 MC.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) *Asphyxiation & aspiration of fluid* 1 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last*Respiratory 6 1/2 yrs*

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

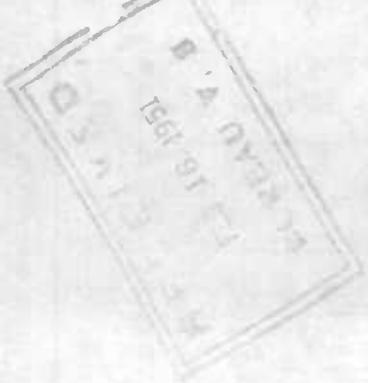
Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 2/14/51, 19....., to 2/13/51, 19....., that I last saw the deceased alive on 7/14/51, 19....., and that death occurred at m., from the causes and on the date stated above.
 SIGNATURE J. W. Bowers ADDRESS Hagerstown Md DATE SIGNED 7/14/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>2/15/51</u>	NAME OF CEMETERY OR CREMATORIUM <u>Rose Hill Cemetery</u>	LOCATION (City, town, or county) <u>Hagerstown, Md.</u>	(State)
DATE REC'D BY LOCAL <u>Feb 14 1951</u>	REGISTRAR'S SIGNATURE <u>B. H. Powers</u>	24. FUNERAL DIRECTOR <u>W. J. Remond</u>	ADDRESS <u>Hagerstown, Md.</u>	

Dr. Otto
715 W. Washington St.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1873

CERTIFICATE OF DEATH

Reg. Dist. No.... 305.....

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash.		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Boonsboro		LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Keedysville		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print)	(First) Osceola	(Middle) Winfield	(Last) Burtner	4. DATE OF DEATH	(Month) Feb. (Day) 17 (Year) 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Dec 15; 1864 86 yrs.
Male	White	Retired Farmer	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			Burn Farm	Chewsville, Md	
13. FATHER'S NAME Ezra Burtner			14. MOTHER'S MAIDEN NAME Sarah Harp		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mr Howard Burtner		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

450.1

*Gangrene of the left foot*INTERVAL BETWEEN
ONSET AND DEATH

6 weeks.

Antecedent cause(s)

97

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

Generalized arteriosclerosis

5 yrs plus

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 1951, to Feb. 17, 1951, that I last saw the deceased alive on Feb. 17, 1951, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

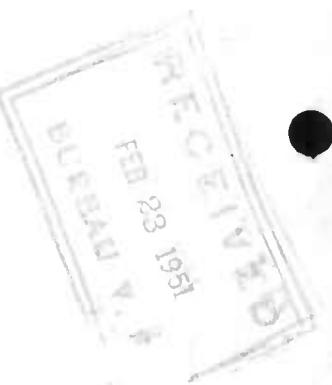
ADDRESS

DATE SIGNED

Walter H. Shealy M.D. Sharpsburg, Md. Feb. 17, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	Feb. 20, 1951	Fair-View	Keedysville, Md	

DATE REC'D BY LOCAL REG.	REG. Feb. 20, 1951	REG. John H. Bart	REG. R. I. Earnshaw--Keedysville, Md	ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

187

Reg. Dist. No. 302

1. PLACE OF DEATH- COUNTY		Washington MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland COUNT Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		TOWN Hagerstown LENGTH OF STAY (In this place) 50 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		STREET ADDRESS (If rural, give location) 435 Carrollton Avenue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		435 Carrollton Avenue					
3. NAME OF DECEASED (Type or Print)		(First) Andrew (Middle) Conrad (Last) Carbaugh		4. DATE OF DEATH Feb.		(Month) (Day) (Year) 13 1951	
5. SEX		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 14, 1886 9. AGE last birthday 64 yrs. If under 1 year Months Days Hours 24 hrs Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME		unknown		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. 217-09-9797		17. INFORMANT AND ADDRESS Mrs. Edna Kershner - Hagerstown, Md.			

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420. | Immediate cause

18. MEDICAL CERTIFICATION		INTERVAL Between ONSET AND DEATH
DEATH LEADING TO DEATH		
(a)	<i>Roaring Thunders</i>	
(b)	<i>of fire</i>	
(c)	<i>Int'l. 12</i>	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing in the death but not related to the disease or condition causing death

not g death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

| 20. AUTOPSY|

21. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBU-
CAUSE OF DEATH.

PLACE (Home, farm, factory, street,
OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY July 30 1971 10:00 While at Not while
m work at work

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title) ADDRESS

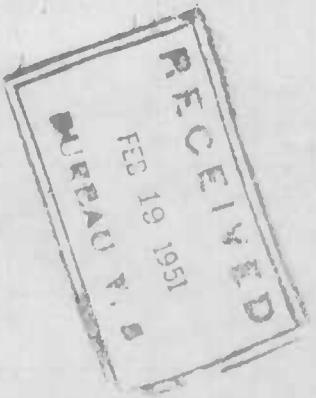
DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Burial Feb. 16-1951 Rose Hill Cemetery Hagerstown, Maryland

DATE REC'D BY LOCAL REG. **Feb. 16, 1951** REG. # **100-1111** ADDRESS **Hagerstown, Maryland**

9703#6

U.S./A15A



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3022

1. PLACE OF DEATH- CITY OR TOWN		Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY OR TOWN		Maryland	COUNTY Washington			
CITY (If outside corporate limits, write RURAL and give nearest town)		Length of Stay (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)						
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Chewsville Rural	life	STREET ADDRESS		Chewsville Rural	(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) Clara	(Middle) J.	(Last) Clark		4. DATE OF DEATH	(Month) February	(Day) 22	(Year) 1951	
5. SEX		Female	6. COLOR OR RACE	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH	Aug. 15, 1860	9. AGE last birthday	90 - 6 - 7 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		own home	11. BIRTHPLACE (State or foreign country)	Chewsville Crash. Co. md.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		Daniel B. Bachell		14. MOTHER'S MAIDEN NAME		Barbara Coss.	U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		Mrs. Annie Kusina Chewsville md.				
No		none								

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Nephritis

3 wks.

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b) Atherosclerosis & arteriosclerosis

Years

(c)

Carcinoma, Rectum

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 1950, to Feb 1951, that I last saw the deceased alive on Feb 21, 1951, and that death occurred at 0730 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1951	Smithsburg Cemetery	Smithsburg Wash. Co. Md.
DATE REC'D BY LOCAL REC'D	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
Feb. 23, 1951	Chas. B. Bowers	Erm. J. Best & Son	Baltimore Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Counter signed

S. Robert Wells, M.D.
Feb 15 '51DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Norment 1876

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND Washington Hagerstown Wash. County Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN STREET ADDRESS		Washington Maryland Hagerstown 843 Summit Ave	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) SUSAN Middle) EMMA (Last) CLOPPER	4. DATE OF DEATH		(Month) Feby 13 1951 (Day) 19	(Year)
5. SEX Female		6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH Aug 18 1870 9. AGE last birthday 80 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Wt. Carroll Ill		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Christian G. Rauiser		14. MOTHER'S MAIDEN NAME Martha A Deitrich				
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs H. Paul Bovey		
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		843 Summit Ave Hagers town Md.				
Immediate cause 903.0		Arterio-sclerotic heart disease				
Antecedent cause(s) 186a		Fracture of right femur				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		Vascular hypertension - generalized arterio sclerosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Diabetes mellitus - de cubitus				
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE Acident		PLACE (Home, farm, factory, street, OF office bldg., etc.) Home		(CITY OR TOWN) Hagers town, (COUNTY) Washington, (STATE) Md.		
TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 15. 1950 8:30 P.M.		INJURY OCCURRED While at Work <input checked="" type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? Slipped on floor at home		
22. I hereby certify that I attended the deceased from Dec 15....., 1950 to Feb. 13....., 1951, that I last saw the deceased alive on Feb 13....., 1951, and that death occurred at 2:45 P.M., from the causes and on the date stated above.		DATE SIGNED				
SIGNATURE Ab Norment M.D.		ADDRESS 119 6 Antietam St Hagers town, Md.				
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 2/15/51		NAME OF CEMETERY OR CREMATORIAL Rest Haven Cemetery		LOCATION (City, town, or county) Hagers town Wash. Co Md (State)
DATE REC'D BY LOCAL REG. Feb. 15, 1951		REGISTRAR'S SIGNATURE Robert Powers		24. FUNERAL DIRECTOR Andrew K. Coffman Hagers town Md ADDRESS		

VS. A. 5



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

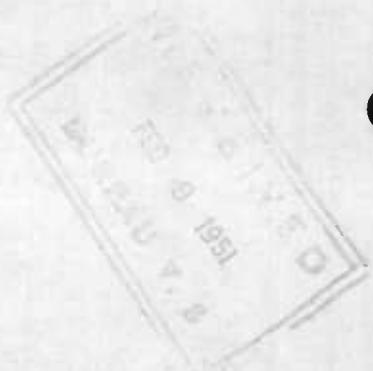
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 5 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		(If rural, give location) STREET ADDRESS 35 Lincoln Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Lincoln Ave.							
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) ELLIS	(Last) CROMER	4. DATE OF DEATH Feb. 5 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH June 3 1900	9. AGE last birthday 50 yrs.	If under 1 year Months.	1 year Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Fairchild		10b. KIND OF BUSINESS OR INDUSTRY Aircraft Corp.	11. BIRTHPLACE (State or foreign country) Hagerstown Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Victor M Cromer		14. MOTHER'S MAIDEN NAME Nettie Rhodes					
15. WAS DECASSED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 214-09-4122	17. INFORMANT AND ADDRESS Mrs Mary Cole Cromer				

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION Coronary occlusion	55 East Lincoln	INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Immediate cause (a)				
Antecedent cause(s) 93d		Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
		Arteriosclerotic heart disease (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>July 15</u> , 1951, to <u>Feb 4</u> , 1951, that I last saw the deceased alive on <u>Feb 4</u> , 1951, and that death occurred at <u>6:00 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Frederick W. Cleman</u>	Degree or title <u>MD</u>	ADDRESS <u>Hagerstown, Md.</u>	DATE SIGNED <u>2/5/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/7/1951	NAME OF CEMETERY OR CREMATORIAL Rest Haven	LOCATION (City, town, or county) (State) Hagerstown Maryland
DATE REC'D BY LOCAL REG. <u>Feb 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Robert Boowers</u>	24. FUNERAL DIRECTOR ADDRESS Andrew K Coffman Hagerstown Md.	



1878

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash.		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Hagerstown 2 ^(In this place) months			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 S. Potomac St.			STREET ADDRESS (If rural, give location) 45 S. Potomac St.		
3. NAME OF DECEASED (First) Charlotte (Middle) Viriginia (Last) Cusielski			4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1919	9. AGE last birthday 31 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			11. BIRTHPLACE (State or foreign country) Hagerstown Md.		
12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Harry E. Arvin			14. MOTHER'S MAIDEN NAME Belle Ring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT Mrs. Belle Clark Hag. Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

322.0 Immediate cause

(a) Broncho pneumonia

107 Antecedent cause(s)

Acute alcoholic narcosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

107 Brain tissue 0.47 ethyl alcohol

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

None 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Not while work at work

HOW DID INJURY OCCUR?

None

m.

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined .

SIGNATURE

Robert Wells MD

DATE OF MEDICAL EXAMINER

WASH. CO., MD.

DATE SIGNED

1/15/51

1/15/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

Feb. 6 - 51

Rose Hill Cemetery

Hagerstown

Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

Feb. 10, 1951

Short Powers

ADDRESS

Scott F. Minnich & Son

Hag. Md.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

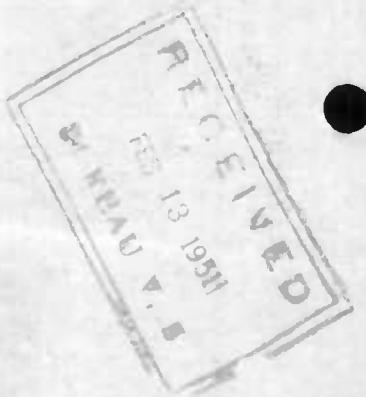
Reg. Dist. No.

1x7-1

307

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		Maryland		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		TOWN		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		36 hrs.		STREET ADDRESS		Fayfoursburg - Rural.		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (First)		(Middle)		(Last)		4. DATE OF DEATH	
Rosa		c.		Dairson		February 24,		1951	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH		9. AGE last birthday	
Female		White		Widowed		May 16 1875		75-9-14 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
House wife		Own home		England Wash. Co. md		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
Oliver M. Youngkin		Charlotte Kastell		(If yes, give war or dates of service)		None.		Mrs. Kathryn Jones. Knogville Md. R. I.	
18. MEDICAL CERTIFICATION									
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a) Pyo. nephrosis, right kidney</p> <p>Antecedent cause(s) (b) Arteriosclerotic Heart Disease</p> <p>Diseases or conditions, if any, giving rise to the above cause (c) Senility</p> <p>stating the underlying cause last</p>									
15 years									
<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
Feb. 23, 1951		Pyo. nephrosis right kidney						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work		Not While At work		HOW DID INJURY OCCUR?			
<p>22. I hereby certify that I attended the deceased from Feb. 23, 1951, to Feb. 24, 1951, that I last saw the deceased alive on Feb. 24, 1951, and that death occurred at 10:55 a.m., from the causes and on the date stated above.</p> <p>SIGNATURE John A. Moran M.D. ADDRESS DATE SIGNED 2/27/51</p>									
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county)		(State)	
Burial		Feb. 28-1951		Church of the Brethren Cemetery		Brownsville Wash. Co. md.			
DATE REC'D BY LOCAL REG. OFF.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS			
Feb. 27, 1951		John H. Powers		Rev. J. Basil Sims		Brownsville Md.			





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1884

CERTIFICATE OF DEATH

Reg. Dist. No.

306

1. PLACE OF DEATH: COUNTY <u>washington</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u>		COUNTY <u>Anne Arundel</u>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Cascade</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Annapolis</u>		STREET ADDRESS <u>116 South St</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pritchett State Hospital</u>									
3. NAME OF DECEASED (Type or Print) <u>maggi</u>		(First) <u>maggi</u>	(Middle) <u></u>	(Last) <u>Duncan</u>	4. DATE OF DEATH <u>Feb. 3</u>	(Month) <u>Feb.</u>	(Day) <u>3</u>	(Year) <u>1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 1905</u>	9. AGE last birthday yrs. <u>65</u>	If under 1 year Months. <u></u>	If under 24 hrs. Days <u></u>	If under 24 hrs. Hours <u></u>	If under 24 hrs. Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT AND ADDRESS <u>Hop Bogan</u>					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Chronic Glomerulonephritis

334 Antecedent cause(s)

131b Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

(c)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year)	(Hour) m.	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1951, to Feb. 3, 1951, that I last saw the deceased
alive on Feb. 2, 1951, and that death occurred at 4:29 A.m., from the causes and on the date stated above.
SIGNATURE Robert Bogan (Degree or title) Ricke Hagan ADDRESS 2351
DATE SIGNED 2/6/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>b.</u>	DATE <u>2/7/51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Not Calvary Cemetery</u>	LOCATION (City, town, or county) (State) <u>A.D. Co. Md.</u>
DATE REC'D BY LOCAL REG. <u>2/6/51</u>	REGISTRAR'S SIGNATURE <u>a. w. dedrich</u>	24. FUNERAL DIRECTOR <u>Samuel W. Sullivan Jr. - Belts Md.</u>	ADDRESS <u>VVVVVVVV</u>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1882

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 Wayside Avenue			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown STREET ADDRESS 68 Wayside Avenue		
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) M.	(Last) Dutrow	4. DATE OF DEATH	(Month) Feb. (Day) 3 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 9-30-1868	9. AGE last birthday 82 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Frederick County, Md.	
13. FATHER'S NAME Daniel Dutrow			14. MOTHER'S MAIDEN NAME Elizabeth Doll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. NONE	17. INFORMANT AND ADDRESS Grace Dutrow, Hagerstown, Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Arterio sclerotic heart disease Antecedent cause(s) (b) Generalized arterio sclerosis Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) Acute bronchitis 400.0 93d 16 days</p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify) True			PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At Work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 19 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb. 3, 1951, and that death occurred at 3:50 p.m., from the causes and on the date stated above.					
SIGNATURE <i>Ch. Suter Mo</i>	(Degree or title) ADDRESS 1196 Antietam St Hagerstown Md	DATE SIGNED 2/5/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2-6-1951	NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery	LOCATION (City, town, or county) (State) Middletown, Maryland		
DATE REC'D BY LOCAL REG.	REG.	REGISTER'S SIGNATURE <i>Frank Recovery</i>	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS 290116	

Dr. Nonnenm



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1883

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH COUNTY	WASHINGTON Franklin		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE	Penns.		COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town)	Hagerstown, Md		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	Rural - Greencastle		
TOWN				TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Washington Co. Hospital		STREET ADDRESS	RD 6 - Chambersburg, Pa.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
DENNIS	S.		ECKSTINE	Feb. 24			1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	1 year Days	If under 24 hrs. Hours
Male	White		Sept. 9/1950	5	5	15	Min.
10a. USUAL OCCUPATION (Give kind of work done during major part of life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY				
None	None	Hagerstown, Md.	USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Roger Eckstine	Janet Shelly						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS					
No	None	Roger Eckstine Chambersburg Rd.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pneumonia Influenza

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH

10th

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF While at Not While
INJURY m. Work At work HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/51, to 2/24, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	2/26/51	Cedar Hill Cem.	Greencastle, Penna.	
DATE REC'D BY LOCAL REC'D	REG. NO.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

209090304406

Dr. William Brewer



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1884

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH COUNTY <i>WASHINGTON Co.</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Md.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Boonesboro</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>CATONSVILLE</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>GUILDFORD HOME</i>		STREET ADDRESS <i>2 RIDGE ROAD</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>SARAH</i>	(Middle) <i>M.</i>	(Last) <i>GORDON</i>
4. DATE OF DEATH	(Month) <i>February</i>	(Day) <i>14</i>	(Year) <i>1951</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>4/20/861</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	9. AGE last birthday <i>89</i> yrs.	11. BIRTHPLACE (State or foreign country) <i>Middleton Va.</i>
13. FATHER'S NAME <i>SANFORD Edmonson</i>	14. MOTHER'S MAIDEN NAME <i>MARY Hoff</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS <i>Mrs. Lucille Catherine</i>	
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
450.0	Immediate cause <i>Generalized arteriosclerosis</i>	(a)
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>97</i>	(b)
		(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>Feb 10, 1951</i> , to <i>Feb 14, 1951</i> , that I last saw the deceased alive on <i>Feb 13, 1951</i> , and that death occurred at <i>12:50 A.m.</i> from the causes and on the date stated above.			
SIGNATURE <i>J. W. Lellan</i>	(Degree or title) <i>M.D.</i>	ADDRESS <i>Boonesboro</i>	DATE SIGNED <i>2/14/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Cremation</i>	DATE THEREOF <i>2/16/51</i>	NAME OF CEMETERY OR CREMATORIAL <i>Middlebury Cemetery</i>	LOCATION (City, town, or county) <i>Middlebury Va.</i>
DATE REC'D BY LOCAL REG. <i>2/15/51</i>	REGISTRAR'S SIGNATURE <i>John H. Bass</i>	24. FUNERAL DIRECTOR ADDRESS <i>McNabb & Son Catonsville</i>	





PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1886

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY <u>Washington</u> MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u> COUNTY <u>Wash.</u>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>TOWN Hagerstown</u> LENGTH OF STAY <u>29 years</u>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hagerstown</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Victor Products Plant</u>			STREET ADDRESS <u>748 W. Washington St.</u> (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) <u>Franklin</u>	(Middle) <u>Joseph</u>	(Last) <u>Herrmann</u>	4. DATE OF DEATH	(Month) <u>2</u> (Day) <u>8</u> (Year) <u>51</u>
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-6-1887</u>	9. AGE last birthday yrs. <u>63</u>	11 under 1 year Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>refrigeration</u>	11. BIRTHPLACE (State or foreign country) <u>Brooklyn, N. Y.</u>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Franklin J. Herrmann</u>			14. MOTHER'S MAIDEN NAME <u>Mary Schaffer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u> (If yes, give war or date of service)			16. SOCIAL SECURITY NO. <u>217-10-2614</u>	17. INFORMANT <u>Mrs. Mary J. Herrmann</u>	18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

420.1 Immediate cause (a) acute coronary occlusion

Antecedent cause(s)

94a Diseases or conditions, if any, (b) giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION Name 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

S. Robert Wells MD DEPUTY MEDICAL EXAM.

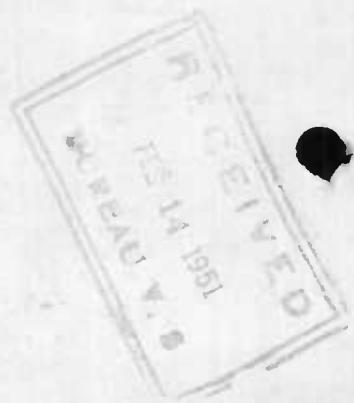
DATE SIGNED

115 N. Patomac
Hagerstown, Md. 2/9/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-10-1951</u>	NAME OF CEMETERY OR CREMATORIAL ESTABLISHMENT <u>Rose Hill Cemetery</u>	LOCATION (City, town, or county) (State) <u>Hagerstown, Md.</u>
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DATE REC'D BY LOCAL REG. REC.	REGISTRAR'S SIGNATURE <u>Geoff Powers</u>	24. FUNERAL DIRECTOR ADDRESS <u>Scott F. Minnich & Son, Hagerstown</u>
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544358



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY <u>Washington</u>			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Maryland</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Wash. Co. Hospital</u>			STREET ADDRESS <u>57 East Avenue</u>			
3. NAME OF DECEASED (Type or Print)	(First) <u>Bertha</u>	(Middle) <u>Florence</u>	(Last) <u>Hoffhine</u>	4. DATE OF DEATH	(Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH	9. AGE last birthday 69 yrs.	If under 1 year Months <u>0</u> Days <u>20</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done, setting most time and title) <u>Retired School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Hagerstown, Maryland</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13. FATHER'S NAME <u>Jacob Hoffhine</u>	14. MOTHER'S MAIDEN NAME <u>Winters</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT AND ADDRESS <u>Chas. Kepner, R.F.D.#2</u>

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) Chronic Nephritis with uraemia1 yr +

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last(b) Gastro enteritis (virus infection)5 days(c) Virus Pneumonia2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.Valvular Heart disease10 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 29 Jan, 1951, to 4 Feb, 1951, that I last saw the deceasedalive on 4 Feb, 1951, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORIAL
Burial | 2-7-1951 | Cavetown Cemetery | LOCATION (City, town, or county)
Cavetown, Maryland (State)DATE REC'D BY LOCAL REG. | REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR
2-6-1951 | Wm. H. Powers | ADDRESS
C. M. Suter & Sons, Hagerstown, Md.

093888

Dr. Lusby



MARGIN RESERVED FOR BINDING

Dr. H. Van
1888
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Berewalk</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Berewalk - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Bowensboro Md. R.I.</u>		STREET ADDRESS <u>Bowensboro Md. R.I.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>Claude</u>	(Last) <u>Hollyday</u>
4. DATE OF DEATH <u>February 24. 1951</u>	(Month)	(Day)	(Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Flour mill</u>	9. AGE last birthday <u>66-9-18 yrs.</u>	If under 1 year Months Days Hours Min.
13. FATHER'S NAME <u>Samuel Hollyday</u>	11. BIRTHPLACE (State or foreign country) <u>New Bernards Co. Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>212-03-7014</u>	17. INFORMANT AND ADDRESS <u>Mrs. Lillian B. Hollyday, Bowensboro Md. R.I.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Coronary Thrombosis	
Immediate cause <u>430.1</u>		(a) _____	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>94a</u>		(b) _____	
		(c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
While at m.	Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 15</u> , 19 <u>50</u> , to <u>Feb. 24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 17</u> , 19 <u>51</u> , and that death occurred at <u>9 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>H. L. Lefebvre</u> (Degree or title) <u>M.D.</u> ADDRESS <u>Bowensboro</u> DATE SIGNED <u>2/26/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb. 27, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Funkstown County</u>	LOCATION (City, town, or county) <u>Funkstown Md.</u> (State)
DATE REC'D BY LOCAL REG. <u>Feb. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>John H. Bart.</u>	24. FUNERAL DIRECTOR <u>John H. Bart & Sons</u> ADDRESS <u>Bowensboro Md.</u> <u>310409</u>	



64
28
512
138
179.2
12.0
199.2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1883

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY <u>Washington</u>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Baltimore</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cascade</u>			LENGTH OF STAY (in this place) <u>2 yrs. 7 months</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Ritchie Hospital</u>			STREET ADDRESS <u>610 N. Carney St.</u>		
3. NAME OF DECEASED (First) <u>Thomas</u>		(Middle) <u>Ellsworth</u>		(Last) <u>Husband</u>	
4. DATE OF DEATH <u>Feb. 10</u>		(Month) <u>1951</u>		(Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Wedded</u>	
8. DATE OF BIRTH <u>July 3, 1864</u>		9. AGE last birthday <u>86</u> yrs.		10. IF under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME <u>Henry Phillip Husband</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13. WAS DECRAFTED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Isaa Marshall</u>		15. SOCIAL SECURITY NO. <u>unf.</u>	
16. INFORMANT AND ADDRESS <u>Hospital Record</u>			17. MEDICAL CERTIFICATION		
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause <u>Lobar Pneumonia</u>		(a) <u>Generalized arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
490X Antecedent cause(s) <u>Generalized arterio-sclerosis</u>		Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>108</u>		moy fm.	
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 23, 1946</u> to <u>Feb. 10, 1951</u> , that I last saw the deceased alive on <u>Feb. 10, 1951</u> , and that death occurred at <u>10:05</u> m., from the causes and on the date stated above. SIGNATURE <u>Daniel H. M.D.</u> ADDRESS <u>Ritchie Hospital, Cascade, Md. 2/10/51</u> DATE SIGNED					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Funeral</u>		DATE THEREOF <u>2/14/51</u>		NAME OF CEMETERY OR CREMATORIAL <u>Morland Cem.</u> LOCATION (City, town, or county) <u>Calumet County, Md.</u> (State)	
DATE REC'D BY LOCAL REG. <u>2/13/51</u>		REGISTRAR'S SIGNATURE <u>Harold Hadrich</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. C. Coe 12190 1st Ave</u>	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No... 305

1891

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Washington				Maryland Washington	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		Boonsboro - Rural Life		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Boonsboro R. 2		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH
Male		Hiram	Septimus	Hutrell	(Month)
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Laborer		Farm Work		July 28-1870	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE last birthday	
John W. Hutrell		Laura Virginia Stevens		If under 1 year Months Days Hours 1 year Months Days Hours 24 hrs Mln.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	
No.		None.		Mrs. Ernest Dagenhart Boonsboro Md. R. 2.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION**

INTERVAL BETWEEN ONSET AND DEATH

5923

**21. ACCIDENT
SUICIDE**

HOMICIDE	INJURY
TIME (Month Day Year)	TIME (Hour) INJURY OCCURRED

| 20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY		(Day) (Year) (Hour)	INJURY OCCURRED While at _____ Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
		m.				

22. I hereby certify that I attended the deceased from Feb. 17, 1947, to Feb. 11, 1951, that I last saw the deceased

alive on Feb 1, 1951, and that death occurred at 10 A.M. m., from the causes and on the date stated above
SIGNATURE Beth (Degree or title) ADDRESS DATE 5/1/51

SIGNATURE

death occurred
(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	February 19, 1967	Bowling Green Cemetery	Bowling Green, Co. Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
February 19, 1967	John H. Past	Orville F. Past & Sons	Bowling Green, Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

Dr Welty

2411 N. Charles Street, Baltimore

1892

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Marylans COUNTY Washington		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Sharpsburg		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital			STREET ADDRESS Snyders Landing		
3. NAME OF DECEASED (First) JOHN (Middle) WILBUR (Last) INGRAM			4. DATE OF DEATH Feby 22 1951 (Month) 19 (Day) (Year)		
5. SEX MALE 6. COLOR OR RACE Male White			7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY City Service Otl Co		
11. BIRTHPLACE (State or foreign country) Hancock Wash. Co. Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME J. Roy Ingram			14. MOTHER'S MAIDEN NAME Elva Kuhn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No			16. SOCIAL SECURITY NO. 214-10-1325		
17. INFORMANT AND ADDRESS Mrs Eloise Ingram					
18. MEDICAL CERTIFICATION Boonsboro Md R #1 % S. C. Kaylor			INTERVAL BETWEEN ONSET AND DEATH 13 hrs		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cerebral Hemorrhage Antecedent cause(s) 331X 33a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Hypertensive Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c)			4 yrs.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT (Specify) SUICIDE HOMICIDE			PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) OF INJURY			INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		
			HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June , 19 47 , to February , 19 57 , that I last saw the deceased alive on Feb. 22, 1951 , and that death occurred at 3:30 A.m. from the causes and on the date stated above. SIGNATURE Valter M. Welty M.D. (Degree or title) Hagerstown Maryland ADDRESS DATE SIGNED					
23. BURIAL, CREMATION REMOVAL (Specify) Burial			NAME OF CEMETERY OR CREMATORIAL St. Pauls Cemetery LOCATION (City, town, or county) near Clearspring Md (State)		
DATE REC'D BY LOCAL Feb. 23, 1951			REGISTRAR'S SIGNATURE Shaytowers 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1893

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Sharpsburg		LENGTH OF STAY (in this place) 65 yrs	COUNTY Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chapel Street		STREET ADDRESS Chapel Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Mary	(First) Virginia	(Middle) King	4. DATE OF DEATH Feb. 19 1951
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed.	8. DATE OF BIRTH March 5 1860
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 90 yrs.
			If under 1 year Months Days Hours Min.
13. FATHER'S NAME Thomas Calman		11. BIRTHPLACE (State or foreign country) Keedysville Md	
		12. CITIZEN OF WHAT COUNTRY USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
		17. INFORMANT AND ADDRESS (daughter Mrs. Maggie Cook Sharpsburg Md)	
18. MEDICAL CERTIFICATION			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease

5 Yrs.

420.0 Antecedent cause(s) (b) Generalized arteriosclerosis

5 Yr. Plus

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? m. Not While

22. I hereby certify that I attended the deceased from 1945, 19, to 2/19, 1951, that I last saw the deceased alive on 2/16/51

3:30 A

m., from the causes and on the date stated above.

ADDRESS DATE SIGNED

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 21 1951	NAME OF CEMETERY OR CREMATORIAL Tolson Church Cemetery	LOCATION (City, town, or county) Sharpsburg	(State) Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Elly Boyce	24. FUNERAL DIRECTOR Albert L. Leaf Williamsport		
		ADDRESS Md.		





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

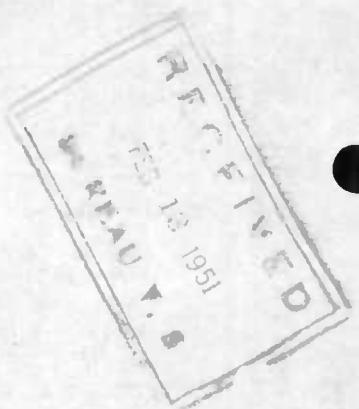
2411 N. Charles Street, Baltimore

1895

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Hagerstown (in this place) TOWN 1 day			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown STREET ADDRESS (If rural, give location) 224 E. Washington Street			
3. NAME OF DECEASED (Type or Print) Douglas Edward Lewis			4. DATE OF DEATH Feb. 7, 1951			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feb. 6, 1951	9. AGE last birthday yrs. 7	If under 1 year Months 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none Infant			10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Homer H. Lewis Jr.			14. MOTHER'S MAIDEN NAME Doris E. Moats			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Homer H. Lewis Jr. Hagerstown, Md.		
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
<p>Immediate cause (a) <i>Severe degree of extramammary asphyxia due to compression of cord</i> 1 day</p> <p>Antecedent cause(s) (b) <i>compression of cord</i></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) 1951	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6 Feb.</i> , 1951, to <i>7 Feb.</i> , 1951, that I last saw the deceased alive on <i>6 Feb.</i> , 1951, and that death occurred at <i>2 A</i> m., from the causes and on the date stated above.						SIGNATURE <i>F. H. Husby</i> ADDRESS <i>2307 Patuxent</i> DATE SIGNED <i>71-655</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>Feb. 8, 1951</i>		NAME OF CEMETERY OR CREMATORIUM <i>Manor Cemetery</i>	LOCATION (City, town, or county) <i>Tilghmanton, Maryland</i> (State)		
DATE REC'D BY LOCAL REG. <i>Feb. 8, 1951</i>	REGISTRAR'S SIGNATURE <i>bhartowers</i>		24. FUNERAL DIRECTOR <i>Fred W. Kraiss</i>		ADDRESS <i>Hagerstown, Md.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Counter-signed
S. Robert L. Lynn, M.D.
Feb. 11 1951
DEPUTY MEDICAL EXAMINER
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Evidence for change in
9 shown on: 1895
D. L. Lynn 6 130 FEB 19 195
Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH

COUNTY Washington

MARYLAND

CITY (If outside corporate limits, write RURAL and
give nearest town)
TOWN HagerstownLENGTH OF STAY
(in this place)
15 yrsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

19 East Lee St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

COUNTY

Maryland

Washington

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

Hagerstown

STREET

ADDRESS

19 East Lee Street

(If rural, give location)

3. NAME OF

(Type or Print)

Philip

(First)

(Middle)

(Last)

4. DATE

OF

DEATH

(Month)

(Day)

(Year)

Feby 9 1951 19

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED
(Specify)

Married

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Md. State Penitentiary Guard

10b. KIND OF BUSINESS OR
INDUSTRY

Guard

8. DATE OF BIRTH

1 May 1913

9. AGE last birthday

37 yrs.

If under

1 year

Months

Days

Hours

Min.

13. FATHER'S NAME

W. O. Long

14. MOTHER'S MAIDEN NAME

Minnie A. Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service) Yes WW #2

16. SOCIAL SECURITY NO. 214-09-9991

17. INFORMANT AND ADDRESS

W. O. Long, 19 E. Lee Str.

Hagerstown

Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Coronary artery disease

INTERVAL BETWEEN
ONSET AND DEATH

4 1/2 hours

Immediate cause 420.1

Antecedent cause(s) qdav

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify)

SUICIDE

HOMICIDE

PLACE (Home, farm, factory, street,
OF office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED

While at Work Not While At work

HOW DID INJURY OCCUR?

11 a.m.

DATE SIGNED

22. I hereby certify that I attended the deceased from Feb. 9, 1951, to Feb. 9, 1951, that I last saw the deceased

alive on Jan. 19, 1951, and that death occurred at 11 a.m.

(Degree or title) ADDRESS

SIGNATURE

T. D. Lynn, M.D.

5 Public Square Hagerstown, Md.

Feb. 9, 1951

NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)

(State)

Burial

3/12/51

Rose Dale Cemetery Martinsburg W. Va.

Burial

3/12/51



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr [redacted] Young
1897
Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 1 Yr		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		STREET ADDRESS 419 Fremont St.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 419 Fremont St.							
3. NAME OF DECEASED (Type or Print)		(First) FREDERICK	(Middle) LEE	(Last) LUSHBAUGH	4. DATE OF DEATH Feb 10 1951 19		
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Power		8. DATE OF BIRTH June 6 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cushwa Coal Co		11. BIRTHPLACE (State or foreign country) Hagerstown Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Lushbaugh		14. MOTHER'S MAIDEN NAME Katheraine Ridenour		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-09-1824	
17. INFORMANT AND ADDRESS Howard L. Lushbaugh		18. MEDICAL CERTIFICATION 419 Fremont St. City INTERVAL BETWEEN ONSET AND DEATH 2 Days		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
420.1 Immediate cause Antecedent cause(s)		(a) Coronary Occlusion		21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	
942 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) (c)		TIME (Month) (Day) (Year) (Hour) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on <u>3/10/51</u> , 19....., and that death occurred at SIGNATURE <u>Young</u> (Degree or title) <u>D.D. Williams</u> ADDRESS <u>Md. 2/1/51</u> <u>3/10/51</u> , 19....., from the causes and on the date stated above.						DATE SIGNED <u>1/10/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 2/13/51		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery		LOCATION (City, town, or county) Hagerstown Wash. Co. (State)	
DATE REC'D BY LOCAL REG. REC'D BY LOCAL		REG. REC'D BY LOCAL		REG. REC'D BY LOCAL		24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md.	
REG. REC'D BY LOCAL		REG. REC'D BY LOCAL		REG. REC'D BY LOCAL		REG. REC'D BY LOCAL	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1898

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Hagerstown (in this place) TOWN			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 N. Mulberry Street			STREET ADDRESS (If rural, give location) 213 N. Mulberry Street		
3. NAME OF DECEASED (Type or Print) Anna Elizabeth Lynn		(First) (Middle) (Last)		4. DATE OF DEATH Feb. 25,	(Month) (Day) (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Nov. 25, 1876	9. AGE last birthday 74 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William Renner			14. MOTHER'S MAIDEN NAME Sarah Nicely		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Orville N. Lynn Hagerstown, Md.		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) <i>Ovaroma - R^t Breast</i>					
Antecedent cause(s) (b) <i>50</i> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec. 4, 1950</i> to <i>Feb. 25, 1951</i> , that I last saw the deceased alive on <i>Feb. 13, 1951</i> , and that death occurred at <i>11 P.M.</i> from the causes and on the date stated above.					
SIGNATURE <i>Hugh McLean</i>		(Degree or title) <i>hus</i>	ADDRESS <i>Hagerstown, Md.</i> DATE SIGNED <i>2/26/51</i>		
23. BURIAL, Cremation REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>Feb. 27, 1951</i>	NAME OF CEMETERY OR CREMATORIAL <i>Rose Hill Cemetery</i>	LOCATION (City, town, or county) <i>Hagerstown, Maryland</i> (State)	
DATE REC'D BY LOCAL REG. <i>Feb. 26, 1951</i>		REGISTRAR'S SIGNATURE <i>Barry Powers</i>	24. FUNERAL DIRECTOR ADDRESS <i>Fred W. Kraiss Hagerstown, Maryland</i>		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

*Countersigned
Feb. 2 - 5,
S. Robert Wells M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.*

MARYLAND STATE DEPARTMENT OF HEALTH

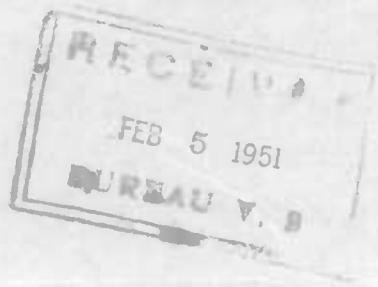
2411 N. Charles Street, Baltimore

1893

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital		STREET ADDRESS (If rural, give location) Church Street.	
3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) Tynan	(Last) Mc Kelvey
4. DATE OF DEATH	(Month) Feb.	(Day) 1	(Year) 1951
5. SEX	6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 27, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boatman C & O Canal	10b. KIND OF BUSINESS OR INDUSTRY C & O Canal	9. AGE last birthday 74 yrs.	If under 1 year Months 2 Days 4 If under 24 hrs. Hours 4 If under 1 Mln. Min.
13. FATHER'S NAME Alexander Mc Kelvey	11. BIRTHPLACE (State or foreign country) Williamsport Md.	12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	14. MOTHER'S MAIDEN NAME Mary Singer	
17. INFORMANT AND ADDRESS Williamsport Md. Mrs. Mamie Swain (Sister)			
18. MEDICAL CERTIFICATION			
INTERVAL BETWEEN ONSET AND DEATH 6 days			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
812.5 Immediate cause	(a) Auto Accident Hock & Pneumonia following		
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fract. Lt. Fibia & Fibula Fract. R. Femur Fract. 3, 4, 5, 6, 7, 8, Rib Right		
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) Accident	PLACE (Home, farm, factory, street, OF office bldg., etc.) STREET	CITY OR TOWN Williamsport (COUNTY) WASH. MD. (STATE) Md.
TIME (Month) 1/26 (Day) 51 (Year) 1951 (Hour) 7:15 p.m.	INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Hit By Auto while Crossing STREET
22. I hereby certify that I attended the deceased from 1/26/51, 19....., to 2/1/51, 19....., that I last saw the deceased alive on 2/1/51, 19....., and that death occurred at 9:08 A.M., from the causes and on the date stated above.			
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED 2/1/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 4 1951	NAME OF CEMETERY OR CREMATORIUM Riverview Cemetery	LOCATION (City, town, or county) Williamsport Md. (State) Md.
DATE REC'D BY LOCAL REG. Feb. 2, 1951	REGISTRAR'S SIGNATURE Gaston Boever	24. FUNERAL DIRECTOR	
		ADDRESS Albert L. Leaf Williamsport Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Washington County Hosp</u>		STREET ADDRESS <u>Woodpoint</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Alouzo</u>	(Middle) <u>Eugene</u>	(Last) <u>Thebus</u>
4. SEX <u>M</u>	5. COLOR OR RACE <u>T.</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>W</u>	7. DATE OF BIRTH <u>June 15-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owned & operated shop</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>blacksmith</u>	9. AGE last birthday <u>72</u> yrs.
13. FATHER'S NAME <u>Charles Cleatus</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>Yes</u> (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Charles H. Thebus, Union Bridge Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause <u>420.1</u>		(a) <u>Coronary Disease</u>	
Antecedent cause(s) <u>94a</u>		(b) <u>Arteriosclerosis, Bronchial Asthma</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c) <u>Chronic bronchitis -</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs?</u>	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb 7, 1951, to Feb 18, 1951, that I last saw the deceased alive on Feb 17, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE H. H. CampbellDATE SIGNED Feb 18, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE <u>Feb 20-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Mt View</u>	LOCATION (City, town, or county) <u>Union Bridge</u>	(State) <u>Maryland</u>
DATE REC'D BY LOCAL REG. <u>Feb 18, 1951</u>		REGISTRAR'S SIGNATURE <u>Edward Daniels</u>		24. FUNERAL DIRECTOR ADDRESS <u>Old Hartley & Sons</u>	
				501817	
				Union Bridge & New Windsor, Md	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

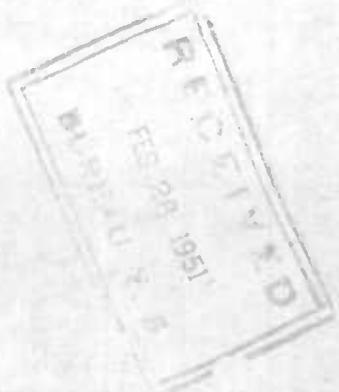
Reg. Dist. No. 302

D.R. Robert Campbell
144-11
2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Hagerstown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1040 Pope Avenue</u>		STREET ADDRESS <u>1040 Pope Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Charles - William - Phillips</u>		4. DATE OF DEATH <u>February, 22, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 13, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Victor Prod. Corp.</u>	9. AGE last birthday If under 1 year Months <u>64</u> Days <u>4</u> Hours <u>9</u> Min. <u>yrn.</u>
13. FATHER'S NAME <u>John C. Phillips</u>		11. BIRTHPLACE (State or foreign country) <u>Barrowsburg Wash. Co. Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>214-09-0775</u>		17. INFORMANT AND ADDRESS <u>Mrs. Joseph Nurse - 1040 Pope Ave. Hagerstown Md</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>Cerebral thrombosis</u> Antecedent cause(s) <u>Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>332X</u>			
83b II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR? <input type="checkbox"/>
22. I hereby certify that I attended the deceased from <u>Feb. 8, 1951</u> , to <u>Feb. 22, 1951</u> , that I last saw the deceased alive on <u>Feb. 22, 1951</u> , and that death occurred at <u>7:30 P.m.</u> , from the causes and on the date stated above. SIGNATURE <u>Robert W. Campbell M.D.</u> (Degree or title) <u>ADDRESS</u> <u>Hagerstown Md</u> DATE SIGNED <u>2/23/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 25, 1951</u>	NAME OF CEMETERY OR Crematory <u>Church of the Brethren Cemetery</u>
DATE REC'D BY LOCAL REG. <u>Feb. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Frank Powers</u>	LOCATION (City, town, or county) <u>Bromville Wash. Co. Md</u> (State) <u>2/23/51</u>
24. FUNERAL DIRECTOR		ADDRESS <u>Clay J. Best & Sons Bromville Md</u>	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1952

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH COUNTY <i>Washington</i>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Florida</i>		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>San Mar</i>		LENGTH OF STAY (in this place) <i>10 months</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Miami</i>		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Fairway Memorial Home</i>							
3. NAME OF DECEASED (Type or Print) <i>Clarence George Petryer</i>		(First) (Middle) (Last)		4. DATE OF DEATH <i>February 3, 1951</i>		(Month) (Day) (Year)	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>		8. DATE OF BIRTH <i>January 9, 1885</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Night Watchman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Milk Plant</i>		9. AGE last birthday <i>66 - 0 - 25 yrs.</i>		11. BIRTHPLACE (State or foreign country) <i>Berkeley Co. W. Va.</i>	
13. FATHER'S NAME <i>George Dennis Petryer</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Savoy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>265-40-1170</i>		17. INFORMANT AND ADDRESS <i>Mrs. Carroll & Siebert - 629 Winchester Ave. Martinsburg W. Va.</i>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) <i>Cerebral Haemorrhage</i> Antecedent cause(s) (b) <i>Hypertensive arteriosclerosis</i> 10 yrs. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>12 hours</i>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>INJURY</i>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 3, 1951</i> , to <i>Feb 3, 1951</i> , that I last saw the deceased alive on <i>Feb 3, 1951</i> , and that death occurred at <i>4 P.M.</i> m., from the causes and on the date stated above. SIGNATURE <i>W. W. W.</i> (Degree or title) <i>M. D.</i> ADDRESS <i>Boonsboro</i> DATE SIGNED <i>2/3/51</i>							
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>February 6, 1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Greenbriar Cemetery</i>		LOCATION (City, town, or county) (State) <i>Martinsburg W. Va.</i>	
DATE REC'D BY LOCAL <i>February 5, 1951</i>		REGISTRAR'S SIGNATURE <i>John H. Baile</i>		24. FUNERAL DIRECTOR ADDRESS <i>Kogelschutz & Coffman Martinsburg W. Va.</i>			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1903801

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Williamsport Md. (in this place) 76 yrs.			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland STREET ADDRESS (If rural, give location) 29 W. Fredrick Street		
3. NAME OF DECEASED (Type or Print) Josephine Clagette Poffenbarger			4. DATE OF DEATH Feb. 10 1951		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Dec. 15 1874	9. AGE last birthday 76 yrs.	If under 1 year Months Days Hours 25 00 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Williamsport Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Lancaster			14. MOTHER'S MAIDEN NAME Malinda Castle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS 29 W. Fredrick St. Mrs. Lillian Adams Williamsport Md.	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 171x (a) Coroner - Enix Antecedent cause(s) 48a (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Mar 19 43</u> to <u>Feb 10 51</u> , 1951, that I last saw the deceased alive on <u>Feb 8 51</u> , 1951, and that death occurred at <u>8 a.m.</u> from the causes and on the date stated above. SIGNATURE <u>Perry Johnson</u> (Degree or title) <u>MD</u> ADDRESS <u>Hagstrom Ave</u> DATE SIGNED <u>2/1/51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Feb. 13 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Greenlawn Cemetery</u>	LOCATION (City, town, or county) (State) <u>Williamsport Md.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 19 1961</u>		REG. <u>8 Lee McElroy</u>	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1954

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH COUNTY <u>Washington</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>		COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS <u>Yarmouthburg - Rural</u>	
TOWN <u>Yarmouthburg-Rural</u>		Life		TOWN <u>Yarmouthburg</u>		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Knoxville Md. Box 54</u>				STREET ADDRESS <u>Knoxville Md. Box 54</u>			
3. NAME OF DECEASED (Type or Print) <u>Jesse Franklin Potter</u>		(First) <u>Jesse</u> (Middle) <u>Franklin</u> (Last) <u>Potter</u>		4. DATE OF DEATH <u>February 15.</u>		(Month) <u>February</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb. 13, 1870</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm Work</u>		9. AGE last birthday <u>81 yrs. 2d a.yrs.</u>		11. BIRTHPLACE (State or foreign country) <u>Yarmouthburg Wash. Co. Md. U.S.A.</u>	
13. FATHER'S NAME <u>John Jackson Potter</u>		14. MOTHER'S MAIDEN NAME <u>Treasa Anne Deane</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Elizabeth J. Potter Knoxville Md. Box 54</u>			
18. MEDICAL CERTIFICATION							

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause Central Hemorrhage (a)Antecedent cause(s) Retinoblastoma - Left eye
Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last Stroke (b)

(c)

INTERVAL BETWEEN
ONSET AND DEATH

1 week.

1 month.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 - 1948, to 2-15, 1951, that I last saw the deceased
alive on 2-15-1951, and that death occurred at 8:30 A.M. from the causes and on the date stated above.
SIGNATURE Jesse Franklin Potter (Degree or title) W.D. ADDRESS Brownsville Md. DATE SIGNED 2-15-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Feb 17, 1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Church of the Brethren Cemetery</u>	LOCATION (City, town, or county) <u>Brownsville Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>2/17/51</u>	REGISTRAR'S SIGNATURE <u>Jesse Franklin Potter</u>	24. FUNERAL DIRECTOR <u>Elmer Best & Sons</u>	ADDRESS <u>Brownsville Md.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK.
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Wash D.C.		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown			LENGTH OF STAY (In this place) 27 yrs.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Summit Avenue			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
3. NAME OF DECEASED (Type or Print) Robert (First) K. (Middle) (Last) Pugh			4. DATE OF DEATH Feb. 13 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-21-1901	9. AGE last birthday 49 yrs.	If under 1 year Months 5 Days 22 Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk			10b. KIND OF BUSINESS OR INDUSTRY Art. Paper Co.	11. BIRTHPLACE (State or foreign country) Chambersburg, Pa.	
13. FATHER'S NAME S. Huber Pugh			14. MOTHER'S MAIDEN NAME Catherine Heckman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 705-10-8599	17. INFORMANT AND ADDRESS Mrs. Robert K. Pugh	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause <u>163X</u>	(a) <u>Carcinoma of bronchus.</u>	<u>2 months</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause <u>47c</u> stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6 Dec., 1950, to 17 Feb., 1951, that I last saw the deceased alive on 9 Feb., 1951, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

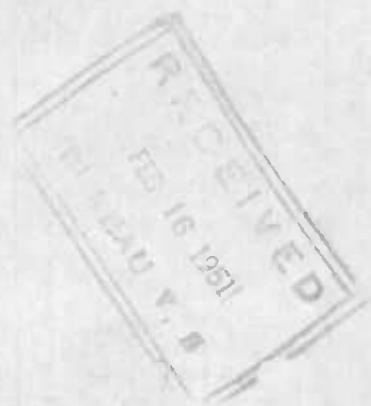
SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED 2/13/51

23. BURIAL, CREMATION (Specify) <u>Burial</u>	DATE THEREOF <u>2-15-1951</u>	NAME OF CEMETERY OR CREMATORIUM <u>Norland Cemetery</u>	LOCATION (City, town, or county) (State) <u>Chambersburg, Pa.</u>
DATE REC'D BY LOCAL REG.	REG. <u>Feb. 14 1951</u>	REGISTRAR'S SIGNATURE <u>Robert Powers</u>	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.



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PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1951

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital			STREET ADDRESS 122 West Side Avenue (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Clarence	(Middle) Jacob	(Last) Keecher	4. DATE OF DEATH	(Month) Feb. (Day) 19 (Year) 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months 8 Days 3 Hours 15 Min.
Male	White	MARRIED	6-16-1897	53 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian			10b. KIND OF BUSINESS OR INDUSTRY Sen. H.H. School		
11. BIRTHPLACE (State or foreign country) Funkstown, Maryland			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Louis Keecher			14. MOTHER'S MAIDEN NAME Mary Schildnecht		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 214-09-9919		
17. INFORMANT AND ADDRESS Mrs. Clarence Keecher, Funkstown			18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
<p>5510 Immediate cause (a) massive hemorrhage from Oesophagus 1246 Antecedent cause(s) (b) Portal Cirrhosis of Liver</p> <p>1246 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>			1½ day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar. 2, 1949, to Mar. 19, 1951, that I last saw the deceased alive on Jul. 19, 1951, and that death occurred at 7:15 A.M., from the causes and on the date stated above.					
SIGNATURE <i>D. Novakster</i>			ADDRESS <i>Mr. D. Novakster, 2nd floor down Md</i>		
DATE SIGNED 2-20-51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 2-21-1951	NAME OF CEMETERY OR CREMATORIAL Funkstown Cemetery	LOCATION (City, town, or county) Funkstown, Maryland	(State)
DATE REC'D BY LOCAL REC'D Feb 21, 1951		REGISTRAR'S SIGNATURE <i>Frank Novakster</i>	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Lusby

2411 N. Charles Street, Baltimore

1957

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		(If rural, give location) STREET ADDRESS 623 George St.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS washington County Hosp.								
3. NAME OF DECEASED (Type or Print)	(First) PHYLLIS	(Middle) DARLENE	(Last) ROGERS	4. DATE OF DEATH	Feb. 28	(Month)	(Day)	(Year) 1951
5. SEX	6. COLOR OR RACE Female	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 10/15/50	9. AGE last birthday --- yrs.	4	If under 1 year Months 4	1 year Days 13	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Hagerstown, Md.		12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME Marvin Rogers		14. MOTHER'S MAIDEN NAME Delores Hines						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT AND ADDRESS Marvin Rogers		Hagerstown, Md.		

18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
<i>491X</i>									
Immediate cause (a) Broncho Pneumonia									
Antecedent cause(s)									
108 Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (c) Congenital Heart Disease									
19a. DATE OF OPERATION <i>Mr</i>		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH 2 days					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **26 Feb**, 1951, to **28 Feb**, 1951, that I last saw the deceased alive on **28 Feb**, 1951, and that death occurred at **9 30 P** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

2 Mar 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/3/51	NAME OF CEMETERY OR CREMATORIAL Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown Md.	(State)
DATE REC'D BY LOCAL Mar. 2 1951	REGISTRAR'S SIGNATURE Beast Bowers,	24. FUNERAL DIRECTOR Andrew K. Coffman		
ADDRESS Hagerstown Md.				

200150173 404



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1951

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland WASHINGTOWN	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 1 day	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clearspring Rt. #1	
3. NAME OF DECEASED (Type or Print) (First) William (Middle) Kreigh (Last) Rowe		4. DATE OF DEATH (Month) Feb. 13 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Widower	8. DATE OF BIRTH 3-8-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		9. AGE last birthday 71 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dry Run, Maryland	
13. FATHER'S NAME Samuel T. Rowe		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS John Franklin Rowe, Hagerstown		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331x Immediate cause (a) Cerebral Hemorrhage Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Hypertensive Sclerosis (c)		INTERVAL BETWEEN ONSET AND DEATH 30 hrs. 5 years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 12, 1951, to Feb. 13, 1951, that I last saw the deceased alive on Feb. 13, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above. SIGNATURE <i>David R Brewer M.D.</i> (Degree or title) ADDRESS <i>Clear Spring Md.</i> DATE SIGNED <i>2/16/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) BY AIR		DATE THEREOF 2-17-1951 NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Fairview Cemetery, Fairview, Maryland (State)	
DATE REC'D BY LOCAL REG. <i>Feb. 16, 1951</i>		REGISTRAR'S SIGNATURE <i>Sherrill Powers</i> 24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md. <i>970 116</i>	

Dr. Breuer



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1951

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY		Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Wash.	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		Hagerstown	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN		Hagerstown	46 yrs.	TOWN		Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		309 Valley Road		STREET ADDRESS		309 Valley Road	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
Female	Manie	Susan	Rudisill	Sept 18, 1884	66	Feb. 16	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	11 under 1 yr.	1 year	11 under 24 hrs.
Female	White	Married	Sept 18, 1884	66	Yrs.	Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
House Wife	Own Home	Smithsburg Md.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
John L. Miner	Catherine Bowman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS					
	---	Tony Rudisill Hag. Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

180x	Immediate cause (a)	Arterio-sclerotic myocardial heart disease	2yrs
52a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
	(b)		
	(c)	Hypernephroma (left kidney)	lyr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
---	--	--	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
Jan. 13 '51	hypernephroma left kidney	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE	(Specify) No	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr. 29, 1950, to Feb. 16, 1951, that I last saw the deceased alive on Feb. 15, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

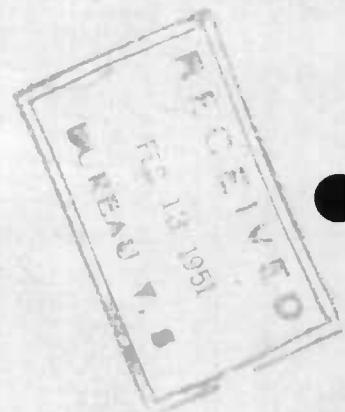
ADDRESS

DATE SIGNED

*S. Robert Neely, M.D.**115 N. Patowmack
Hagerstown, Md. 2/17/51*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	Feb. 19, 1951	Rest Haven Cemetery	Hagerstown Md.
DATE REC'D BY LOCAL REC.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 19, 1951	<i>Elmer G. Howard</i>	Scott F. Minnich & Son	Hag. Md.





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1911

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington							
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown	LENGTH OF STAY 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown							
HOSPITAL OR INSTITUTION OR STREET ADDRESS Intervale Road	STREET ADDRESS Intervale Road		(If rural, give location)						
3. NAME OF DECEASED (Type or Print) Frank	(First) R.	(Middle)	(Last) Scheile						
4. DATE OF DEATH Feb. 13 1951	(Month)	(Day)	(Year)						
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 10-10-1874	9. AGE last birthday 76 yrs.	If under 1 year Months 4	If under 24 hrs. Days 3	If under 24 hrs. Hours 3	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotstamping operator		10b. KIND OF BUSINESS OR INDUSTRY Bester & Long	11. BIRTHPLACE (State or foreign country) Jackson Center, Pa.		12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME Charles Schelle		14. MOTHER'S MAIDEN NAME Annie Unknown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-09-1676		17. INFORMANT AND ADDRESS Miss Anna Schelle, Hagerstown					
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Coronary Thrombosis</i>									
420.1 Immediate cause (a)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.							
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)									
94a (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>									
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR? <i>1013 17 Feb 13 57</i>					
22. I hereby certify that I attended the deceased from <i>19</i> to <i>19</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>3304</i> m., from the causes and on the date stated above. SIGNATURE <i>J.W. Bechley, M.D.</i> ADDRESS <i>Hagerstown, Md.</i> DATE SIGNED <i>Feb 1951</i>									
23. BURIAL, CREMATION (Specify) BURIAL		DATE THEREOF 2-16-1951		NAME OF CEMETERY OR CREMATORIUM St. Paul Cemetery		LOCATION (City, town, or county) St. Paul, Maryland			(State)
DATE REC'D BY LOCAL REGISTRAR REC'D		REGISTRAR'S SIGNATURE <i>Frank Powers</i>		24. FUNERAL DIRECTOR C.M. Suter & Son		ADDRESS <i>uter & Sons, Hagerstown, Md.</i>			

Dr. J. H. Beachley



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1912

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY Wash County MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Wash-	
CITY (If outside corporate limits, write RURAL and give nearest town) Rural TOWN Elkinsville LENGTH OF STAY (in this place) No years		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Elkinsville Md Rural STREET ADDRESS none Elkinsville Md Rural.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS " "			
3. NAME OF DECEASED (Type or Print)	(First) Hubert (Middle) none (Last) Snyder	4. DATE OF DEATH 2-23-1951	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 16th 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Hand	9. AGE last birthday 60 yrs.
13. FATHER'S NAME Jacob, Snyder		14. MOTHER'S MAIDEN NAME Catharine Anna. Troy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Hubert. F. Snyder, Jr
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
447x Immediate cause	(a) Acute Pulmonary Edema	INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Antecedent cause(s)			
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis - Hypertension	years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not White At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 1950, to Dec. 1950, that I last saw the deceased alive on Dec. 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.			
SIGNATURE Burial John Dean Wilson M.D.	ADDRESS Smithsburg	DATE SIGNED 2/24/51	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE Feb 26th	NAME OF CEMETERY OR CREMATORIUM Boonsboro Cemetery	LOCATION (City, town, or county) (State) Town of Boonsboro Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D Feb. 25, 1951	REGISTER'S SIGNATURE Ghost Flowers	24. FUNERAL DIRECTOR Leo B. Hoover Smithsburg Md.	ADDRESS 990116



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1913

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAPGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown		LENGTH OF STAY (in this place) 4½ months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 326 E. Franklin St.		STREET ADDRESS 326 E. Franklin St.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) Joseph		(First) (Middle) (Last) Ray Stevenson		4. DATE OF DEATH Feb. 17	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY - - -		8. DATE OF BIRTH Sept 29, 1950	
13. FATHER'S NAME Joseph C. Stevenson		11. BIRTHPLACE (State or foreign country) Hagerstown Md.		9. AGE last birthday yrs. 4 Months 4 Days 18 Hours 19 Min.	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, No known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. - - -		12. CITIZEN OF WHAT COUNTRY? Hag. Md.	
17. INFORMANT AND ADDRESS Mrs. Oneida Stevenson Hag. Md.					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 344x 157a Immediate cause (a) Hydrocephalus Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____ (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE _____ TIME (Month) (Day) (Year) (Hour) OF INJURY _____ m.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		(CITY OR TOWN) How did injury occur?	
22. I hereby certify that I attended the deceased from 15 Feb., 1950, to 17 Feb., 1951, that I last saw the deceased alive on 15 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above. SIGNATURE <i>F. F. Husby</i> ADDRESS 2307 Potomac DATE SIGNED 19 Feb 51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Feb. 20-51		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery	
DATE REC'D BY LOCAL REG. Feb. 19, 1951		REGISTRAR'S SIGNATURE <i>B. Heath, Jr.</i>		LOCATION (City, town, or county) (State) Hagerstown Md.	
24. FUNERAL DIRECTOR		ADDRESS Scott F. Minnich & Son		Hag. Md.	

22. I hereby certify that I attended the deceased from 15 Dec, 1950, to 17 Feb, 1951, that I last saw the deceased

alive on 15 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.
SIGNATURE *[Signature]* **(Degree or title)** ADDRESS **DATE SIC**

SIGNATURE  (Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

Burial Feh. 20-51 Rose Hill Cemetery Hagerstown Md.
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Feb. 19, 1951 *John Howard* Scott F. Minnich & Son Hag. Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1914

I. PLACE OF DEATH. COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE		Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		Washington		Washington	
TOWN		6 hrs.		TOWN		Mt. Sean		Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Wash. Co. Hospital		STREET ADDRESS		Boumebue Md. R. 2		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH		(Month)	(Day)	(Year)
Katherine			Anna	Swope	February		28		195
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday	
Female		White		Married		April 16, 1911		39 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
House keeper		Bum Home		Beaver Creek Wash. Co. md.		U.S.A.			
13. FATHER'S NAME		John Mart		14. MOTHER'S MAIDEN NAME		Carrie Bowes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		Arthur J. Swope Boumebue Md. R. 2			
no.		214-09-4655							

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

178



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1915

CERTIFICATE OF DEATH

Reg. Dist. No. 300

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Wash.		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural-Sharpstburg LENGTH OF STAY (in this place) 70 years			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural--Sharpsburg		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural give location)		
3. NAME OF DECEASED (Type or Print)	(First) Walker	(Middle) Talbert	(Last) Thomas	4. DATE OF DEATH	(Month) Feb. (Day) 8 (Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year If under 24 hrs. Months Days Hours
Male	White	Divorced	April 9, 1880	70 yrs.	Months Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farm laborer			11. BIRTHPLACE (State or foreign country) Keedysville		
13. FATHER'S NAME Alfred Thomas			12. CITIZEN OF WHAT COUNTRY U. S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		
17. INFORMANT Mrs. Vernon Knode			18. MEDICAL CERTIFICATION		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis 5 yrs.
 450.0 Antecedent cause(s) (b)
 97 Diseases or conditions, if any, giving rise to the above cause (c)
 stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 5, 1951, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

2/9/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIALy	LOCATION (City, town, or county) (State)
Burial	Feb. 12, 1951	Mt. Briar	Mt. Briar-Wash.-Md
DATE REC'D BY LOCAL REG.	REG.	24. FUNERAL DIRECTOR	ADDRESS
REG.		R. I. Earnshaw--Keedysville, Md	970116



MARYLAND STATE DEPARTMENT OF HEALTH

1916

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash.		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown		LENGTH OF STAY (in this place) 65 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Fairground Ave.			STREET ADDRESS (If rural, give location) 15 Fairground Ave.		
3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Katherine	(Last) Toms	4. DATE OF DEATH Feb. 1	(Month) (Day) (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, WIDOWERED (Specify)	8. DATE OF BIRTH June 16, 1871	9. AGE last birthday 79 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Rockdale Wash. Co. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Lum			14. MOTHER'S MAIDEN NAME Sarah E. Hose		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -----	17. INFORMANT AND ADDRESS Roger J. Toms Hag. Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.1 Immediate cause	(a) Arterio-sclerotic coronary heart disease	INTERVAL BETWEEN ONSET AND DEATH
940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute coronary occlusion	6 dya
940 (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION No			19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY				(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY No	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>				HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 19, 50, to Jan 31, 1951, that I last saw the deceased alive on Jan 31, 1951, and that death occurred at 6:15a.m., from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. Robert Wells M.D. 115 N. Potomac St. Feb. 2. 51
 Hagerstown Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb. 3, 1951	NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown	(State) Md.
DATE REC'D BY LOCAL REG. REC'D BY LOCAL Feb. 2. 1951	REGISTRAR'S SIGNATURE <i>Robert Powers</i>	24. FUNERAL DIRECTOR Scott F. Minnich & Son		
		ADDRESS Hag. Md.		





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1918

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY WASHINGTON		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE PENNSYLVANIA		COUNTY CUMBERLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) MAUGANSVILLE		LENGTH OF STAY (in this place) 1 yr. 6 mo.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL SHIPPENSBURG		STREET ADDRESS RT. #3 (If rural, give location)	
HOSPITAL OR INSTITUTION OR MAUGANSVILLE		MENNONITE HOME					
STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) E.	(Last) WADEL	4. DATE OF DEATH	(Month) FEB.	(Day) 17	(Year) 51 19
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 8/8/1890	9. AGE last birthday 60 yrs.	If under 1 year Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALID		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME JOHN WADEL		14. MOTHER'S MAIDEN NAME UNKNOWN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT AND ADDRESS MR. WALTER WADEL		SHIPPENSBURG, PA.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a) *Breast cancer of Stomach*

Antecedent cause(s)

*with Liver metastasis*Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

1 year.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Feb. 13, 1951, that I last saw the deceased

alive on Feb. 10, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE *O.H. Shadley, M.D.*

(Degree or title)

ADDRESS

DATE SIGNED *2/13/51*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/15/51	NAME OF CEMETERY OR CREMATORIAL Reeve Cemetery	LOCATION (City, town, or county) Shippensburg	(State) Penn.
DATE REC'D BY LOCAL REG. <i>Feb. 13, 1951</i>	REGISTRAR'S SIGNATURE <i>Short, Bowers</i>	24. FUNERAL DIRECTOR ADDRESS W.B. Norman, Hagerstown, Md.		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1919

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS	md. Washington
--	---------------------	--	----------------

3. NAME OF DECEASED (Type or Print)	(First) Nettie	(Middle) Retarib	(Last) West	4. DATE OF DEATH	(Month) Feb.	(Day) 19	(Year) 1951				
5. SEX	F.	6. COLOR OR RACE	W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.	8. DATE OF BIRTH	Sept. 12 1861	9. AGE last birthday yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
---	------------	-----------------------------------	---	-----------------------------

13. FATHER'S NAME	Jacob Ridensour	14. MOTHER'S MAIDEN NAME	Nesiah Stoltzmaner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Miss Maude West, Smithsburg Md. #1

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

3 wks

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Carcinomatosis

155x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b) _____

46f _____

(c) Carcinoma of Liver

7 mos

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m.				

22. I hereby certify that I attended the deceased from Oct. 30 1951, to Feb. 19 1951, that I last saw the deceased alive on Feb. 19, 1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

2/20/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial	2/23/51	Rose Hill	Hagerstown	Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
Feb. 22-51	Nettie Ferguson	Walter G. Groves	Waynesboro Pa.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1951

Dr Wells

Reg. Dist. No. 303

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Washington		MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) Hagerstown		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) Hagerstown		
		LENGTH OF STAY (in this place) 12 yrs						
HOSPITAL OR INSTITUTION OR STREET ADDRESS		216 East Franklin St.		STREET ADDRESS		216 East Franklin St.		
3. NAME OF DECEASED (Type or Print)		(First) ELMER	(Middle) MARTIN	(Last) WHIPP	4. DATE OF DEATH	(Month) Feby 1	(Day) 1951	(Year) 19
5. SEX		6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Apr 14 1872	9. AGE last birthday 78 yrs	If under Months. 1 year	If under 24 hrs. Hours 11 hours	If under 1 year. Days 11 days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Jeweler - Self Employed		11. BIRTHPLACE (State or foreign country) Braddock Heights Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George C. Whipp		14. MOTHER'S MAIDEN NAME Annie Morrison		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS Herbert C. Whipp		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs. 8 yrs.				

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) **Reynaud's disease**

Antecedent cause(s)

(b) **Chronic myocarditis**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) **Congestive myocardial heart failure**II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify) No	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July**, 19**44**, to **Feb. 1**, 19**51**, that I last saw the deceasedalive on **Jan. 21**, 19**51**, and that death occurred at **11:20 A.M.**, from the causes and on the date stated above.SIGNATURE (Degree or title) ADDRESS **115 1/2 Patomac** DATE SIGNED **2/2/51**

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/4/51	NAME OF CEMETERY OR CREMATORIAL Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown Wash. Co. Md.	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Health Board	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1921

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

COUNTY

Washington

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)

TOWN

Hagerstown, Md

LENGTH OF STAY
(in this place)

3 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

322 Bryan Place

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Md.

COUNTY

Washington

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

322 Bryan Place

(If rural, give location)

STREET ADDRESS

Hagerstown, Md.

3. NAME OF
DECEASED

(Type or Print)

(First)

(Middle)

(Last)

WHITMORE

4. DATE
OF
DEATH

FEB.

5

1951

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

4/20/84

9. AGE last birthday

66

If under
1 year

Months

Days

Hours

11. BIRTHPLACE (State or foreign country)

Fairview, Md.

12. CITIZEN OF WHAT

COUNTRY

USA

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR
INDUSTRY

Home

13. FATHER'S NAME

John Ecks tne

15. WAS DECREASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY NO.

Ritter



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1951

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Washington</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Hagerstown</u>		LENGTH OF STAY (in this place) <u>30 years</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>650 N. Mulberry St.</u>		STREET ADDRESS <u>650 N. Mulberry St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Dossie F.</u>	(Middle) <u>Wiles</u>	(Last)
4. DATE OF DEATH	(Month) <u>2</u>	(Day) <u>3</u>	(Year) <u>1951</u>
5. SEX	6. COLOR OR RACE <u>Female white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-12-1880</u>
9. AGE last birthday If under 1 year Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Frederick Co. Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>Daniel Gladhill</u>	14. MOTHER'S MAIDEN NAME <u>Magdalene Kinna</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>
16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT AND ADDRESS <u>Luther Wiles, Hagerstown, Md.</u>	18. MEDICAL CERTIFICATION <u>Diabetes mellitus</u> <u>Cardio-Vascular Disease</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Antecedent cause(s)</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last <u>60X</u> <u>61</u>		(a) <u>Cardio-Vascular Disease</u>	(b) <u>Diabetes mellitus</u>
		(c) <u>✓</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 1, 1950</u> , to <u>2/3, 1951</u> , that I last saw the deceased alive on <u>2/3, 1951</u> , and that death occurred at <u>11 a.m.</u> from the causes and on the date stated above.		SIGNATURE <u>D. Wiles</u>	ADDRESS
DATE SIGNED <u>2/5/1951</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>2-6-1951</u>	NAME OF CEMETERY OR CREMATORIAL <u>Lutheran Cemetery</u>	LOCATION (City, town, or county) <u>Middletown</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Frank G. Moore</u>	24. FUNERAL DIRECTOR <u>Frank G. Moore</u>	ADDRESS <u>Gladhill Co., Middletown</u>

929 Miller 13 miles



131 w

Miles

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1933

Dr wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital			STREET ADDRESS 112 East Baltimore St.		
3. NAME OF DECEASED (First) EARL (Middle) PRESTON (Last) WOLFE			4. DATE OF DEATH Feby 5 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH Feby 24 1890	9. AGE last birthday 60 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) First Floor Manager			10b. KIND OF BUSINESS OR INDUSTRY Leiter Bros	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	
13. FATHER'S NAME Walter Wolfe			14. MOTHER'S MAIDEN NAME Daisy Leiter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. 214-09-0614	17. INFORMANT AND ADDRESS Ross L. Wolfe	
18. MEDICAL CERTIFICATION ASN# 2735374			112 E. Baltimore St Hagerstpwth Md.		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause Suspected sarcoid of lungs Antecedent cause(s) Aphyxia due to above					
57e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Aug. 1950		19b. MAJOR FINDINGS OF OPERATION Bronchoscopy & excision of lymph node		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE No		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 29, 1950 , to Feb. 5, 1951 , that I last saw the deceased alive on Feb. 5, 1951 , and that death occurred at 8:30 P.m. from the causes and on the date stated above.					
SIGNATURE S. Robert Wells MD		ADDRESS 115 N. Patomac St. Hagerstown Md.		DATE SIGNED 2/6/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE 2/8/51		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Rose Hill Cemetery Hagerstown Wash. Co Md	
DATE REC'D BY LOCAL REG. # Feb. 8 1951		REGISTRAR'S SIGNATURE Frank Powers		24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md	

